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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 749334 (9)
1. Corporation Name
THE KIDNEY FOUNDATION OF SOUTH FLORIDA, INC.



Principal Place of Business Mailing Address
2645 SW 37TH AVS SUITE 401 MIAMI FL 33133-2744 US

3. Date Incorporated or Qualified 10/16/1979
3a. Date of Last Report 03/05/1996

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

4. FEI Number 59-1998522 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CUMMINGS, JENNIFER
2645 SW 37TH AVS
SUITE 401
MIAMI FL 33133-2744

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE ~~SD~~ DELETE
12.2 NAME MAYER, ROBERT
12.3 STREET ADDRESS 2474 SW 27TH TERRACE
12.4 CITY-ST-ZIP MIAMI FL
12.5 TITLE PD DELETE
12.6 NAME ~~KEEN, JANE-S~~
12.7 STREET ADDRESS ~~1627 BRICKELL AVENUE #1707~~
12.8 CITY-ST-ZIP ~~MIAMI FL 33129~~
12.9 TITLE TD DELETE
12.10 NAME LUCAS, HOWARD
12.11 STREET ADDRESS 2121 PONCE DE LEON BLVD
12.12 CITY-ST-ZIP CORAL GABLES FL
12.13 TITLE YB DELETE
12.14 NAME WILHELM, MURIEL
12.15 STREET ADDRESS 7440 S.W. 112 STREET
12.16 CITY-ST-ZIP MIAMI FL 33156
12.17 TITLE DELETE
12.18 NAME
12.19 STREET ADDRESS
12.20 CITY-ST-ZIP
12.21 TITLE DELETE
12.22 NAME
12.23 STREET ADDRESS
12.24 CITY-ST-ZIP

13.1 TITLE PD Change Addition
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP
13.5 TITLE VD Change Addition
13.6 NAME CUNIO, JOHN
13.7 STREET ADDRESS 7900 RED ROAD
13.8 CITY-ST-ZIP MIAMI, FL 33143
13.9 TITLE SD Change Addition
13.10 NAME ORTIZ, BUTCHER, CARMEN
13.11 STREET ADDRESS P.O. BOX 016960 N/A
13.12 CITY-ST-ZIP MIAMI, FL 33101
13.13 TITLE
13.14 NAME
13.15 STREET ADDRESS
13.16 CITY-ST-ZIP
13.17 TITLE
13.18 NAME
13.19 STREET ADDRESS
13.20 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert M. Maysa, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026748

CR2E037 (9/96)